


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90036 010 ****61.25

DOCUMENT # N03390					
1. Entity Name GASPARILLA CAY HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 5151 S. RIVERVIEW CIRCLE HOMOSASSA, FL 34448 US			Mailing Address P.O. BOX 489 HOMOSASSA SPRINGS, FL 34447 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LINDSAY, JANE 11577 W. ROSA CT. HOMOSASSA, FL 34448			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>JANE LINDSAY</i>		<i>Jane Lindsay</i>		DATE <i>3-12-08</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, JIM		NAME		
STREET ADDRESS	5246 S. RIVERVIEW CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA, FL 34448		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, EDDIE		NAME		
STREET ADDRESS	5272 S. RIVERVIEW CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA, FL 34448		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDSAY, JANE		NAME		
STREET ADDRESS	11577 W. ROSA CT.		STREET ADDRESS		
CITY-ST-ZIP	HOMOSSASSA, FL 34448		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, SUE		NAME	AUDREY PAVLISKO	
STREET ADDRESS	5264 S. RIVERVIEW CIRCLE		STREET ADDRESS	5216 S. RIVERVIEW CIR.	
CITY-ST-ZIP	HOMOSASSA, FL 34448		CITY-ST-ZIP	HOMOSASSA, FL 34448	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERSON, RON		NAME		
STREET ADDRESS	5206 S. RIVERVIEW CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA, FL 34448		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOBERLEY, MIKE		NAME	LIN GARRETT	
STREET ADDRESS	11573 W. ROSA COURT		STREET ADDRESS	5234 S. RIVERVIEW CIR.	
CITY-ST-ZIP	HOMOSASSA, FL 34448		CITY-ST-ZIP	HOMOSASSA, FL 34448	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>JANE LINDSAY</i>		<i>Jane Lindsay</i>		DATE <i>3/12/08</i>	
Signature and typed or printed name of signing officer or director		(NOTE: Registered Agent signature required when reinstating)		Daytime Phone # <i>352-621-0434</i>	

90043011



03082008 Chg-NP CR2E037 (12/06)

ATTACHMENT

40045617

NO3390

2008 CORPORATION ANNUAL REPORT
GASPARILLA CAY HOMEOWNERS ASSOCIATION, INC.
CONTINUED:

D
KATHY LOUGHEA
5224 S. RIVERVIEW CIR.
HOMOSASSA, FL 34448

D
BOB LOUGHEA
5224 S. RIVERVIEW CIR.
HOMOSASSA, FL 34448

D
LEE KNOWLES
1815 SUZANNE LANE
LAKELAND, FL 33813

D
RICHARD SWANSON
5335 W. BONANZA DR.
HOMOSASSA, FL 34448